EXPRESSING STRONG OPPOSITION TO D.C.'S ASSISTED SUICIDE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Pennsylvania (Mr. ROTHFUS) is recognized for 60 minutes as the designee of the majority leader.

Mr. ROTHFUS. Mr. Speaker, I rise here tonight to raise a very serious and consequential issue that is taking place in our Nation's capital. Washington, D.C., our Federal city, the second hometown of every American, is just weeks away from implementing a deadly assisted suicide program.

The D.C. City Council recently passed a so-called Death With Dignity Act, which would allow adults who have been diagnosed with a terminal disease and who have been told they have 6 months or less to live to receive a prescription from their doctor to end their life. Six States, including California, Oregon, Vermont, Washington, Montana, and Colorado, have already headed down this dangerous path.

I raise this issue tonight, Mr. Speaker, because our Founders gave Congress the power in the Constitution to ''exercise exclusive Legislation in all Cases whatsoever over such District'' that would become the seat of the Government of the United States.

As a result, this Congress has the opportunity to stop this law. I am grateful that my colleagues are here tonight to join me: Dr. WENSTRUP, Mr. JODY B. HICE of Georgia, Dr. HARRIS, Dr. HARTZLER, Dr. MARSHALL. They are joining me tonight to speak in defense of patients who deserve protection, especially when dealing with the unimaginable difficulty of a terminal disease.

Like me, they are deeply troubled that in Washington, D.C., an alabaster city that gleams as a beacon for the principles on which we were founded, this policy is about to be put in place, jeopardizing the lives of the most vulnerable among us.

Mr. Speaker, Washington, D.C., is, indeed, a remarkable city. I still remember coming to this special place as a 10-year-old child with my parents, coming down the George Washington Parkway in Virginia, as millions of other tourists have, with excitement to see our national monuments and the Capitol in which I now speak.

We Americans approach this city with awe, as we know how Washington is intertwined with our Nation's history and that this city both guards our Nation's founding documents—the Declaration of Independence and the Constitution—and hosts the very government that our Constitution envisioned. Those founding documents frame a Republic grounded in the principles of sovereignty in the people, subject to the protection of God-given inalienable rights, among them the right to life, liberty, and the pursuit of happiness.

Nowhere, Mr. Speaker, in my opinion, is the view of this city more beautiful than from the hills of Arlington Cemetery in Virginia and, specifically, the resting place of our 35th President, John F. Kennedy. One cannot think of President Kennedy without thinking also of his inaugural address, which is a call to action for a new generation of Americans. That call was grounded in the exceptional nature of our land.

□ 1930

''And yet,'' President Kennedy said, ''the same revolutionary beliefs for which our forebears fought are still at issue around the globe—the belief that the rights of man come not from the generosity of the state but from the hand of God.''

D.C.'s assisted suicide law, Mr. Speaker, threatens the inalienable rights of vulnerable citizens. Not only does the new D.C. statute tear at the tapestry of our Nation's founding, it directly contradicts the Hippocratic oath every physician takes, to do no harm.

I shudder to think of the lives that will be lost because our society tells the weak, the despairing, the suffering, or the hopeless that suicide is the best option for them. Laws similar to the D.C. Death with Dignity Act in the U.S. and Europe have resulted in individuals being pressured to end their lives, and insurance companies covering the reimbursements for suicide treatment but not for other care.

If patients find themselves unable to pay for expensive treatments out-of-pocket, they may find their options severely limited when facing a new diagnosis, facing a disability, or struggling with mental illness. In some cases, death may become the only affordable option.

Proponents of physician-assisted suicide point to real and tragic stories of suffering individuals at the end of their lives. However, according to a report by the National Institutes of Health, pain is not the primary factor motivating patients to seek a lethal dose of medication. More commonly cited motivations include depression, hopelessness, and the loss of control or autonomy. Allowing physicians to prescribe lethal medications to these patients would mean we are abandoning our Nation's most vulnerable citizens and, instead, succumbing to a culture that is worse than the disease.

Instead of death and despair that are the underlying principles of assisted suicide, our laws should reflect a culture that promotes life and hope, even in our suffering, even in our illness, and even in our weakness.

Jeanette Hall of Oregon was diagnosed with cancer in the year 2000. She was a supporter of her State's assisted suicide program, and she even voted for it. She considered taking her own life with the help of her physician when she learned she only had 6 months to live. Thankfully, she had a life-affirming doctor who simply asked her how her son, who was attending the police academy at the time, would feel about it. This made her stop and think.

His question inspired her to opt for radiation and chemotherapy, instead of suicide, and, over a decade later, she is still sharing her testimony. She is extremely happy to still be alive.

I have no doubt that Americans like Jeanette with chronic illnesses, disabilities, or struggling with mental illness will be exploited under this law, and perhaps even encouraged to pursue suicide rather than continue living until natural death. This dangerous trend is already taking shape in the six States that have legalized physician-assisted suicide. Precious lives have already met a premature end.

Mr. Speaker, there is dignity in all human life, and the root meaning of dignity is worth. Nothing—not illness, not weakness, or despair—can decrease the worth of a human life. I cannot stand idly by and watch our laws corrupt our culture.

I am thankful to be joined by several of my colleagues who refuse to let this dark policy move forward unchecked. With that, I would like to yield to my colleague from Ohio (Mr. WENSTRUP). Dr. WENSTRUP is a physician. He has served our country in the Army Reserves having deployed to Iraq to treat our wounded servicemembers. Dr. WENSTRUP, is the prime sponsor of H.J. Res. 27, which will overturn this misguided legislation.

Mr. WENSTRUP. I appreciate that, and I thank you for yielding and thank you for taking the charge on this this evening to share this message.

Mr. Speaker, first, do no harm. Do no harm. These are three short words, but, to physicians, they represent a sacred charge—three short words that now hang in the balance here in the District of Columbia after the D.C. Council passed the Death with Dignity Act legalizing physician-assisted suicide in the Nation's Capital.

In authorizing doctors to violate the Hippocratic oath of ''do no harm,'' physician-assisted suicide undermines a key safeguard that protects our Nation's most vulnerable citizens: the disabled, the sick, the poor—a key safeguard that helps to ensure our loved ones receive the best medical care when they need it the most.

Instead of simply providing end-of-life comfort and a potential for cure, D.C.'s new law is poised to do more harm than good. This act leaves patients unprotected, doctors unaccountable, and our most vulnerable citizens at risk of having fewer medical options at their disposal rather than having more. It is too broad. This act allows adults diagnosed with a terminal disease having less than 6 months to live to receive a prescription for medication to end their life on their own—alone.

There are concerns that the definition of ''terminal disease'' is too broad since most doctors will admit that accurately predicting life expectancy is almost impossible; and it is. There are many conditions such as diabetes or HIV—they are considered incurable or

irreversible, and they are terminal if left untreated. There are many diseases that are terminal if left untreated, but curable if treated.

This bill fails to accurately protect patients from coercion or abuse. Despite the fact that depression is commonly associated with a patient seeking assisted suicide, D.C.'s legislation does not make screening for mental illness mandatory. It also has no safeguard against pressure that family members or heirs might exert on a patient to choose suicide.

It leaves doctors unaccountable. Compliance with the bill's limited safeguards is difficult to track because the bill directs doctors not to place the actual cause and manner of death on the death certificate. It doesn't say ''suicide.'' The report requirements in the bill are not subject to the Freedom of Information Act. Perhaps most concerning of all, once the prescription for lethal medication is filled, oversight is nonexistent. There is no requirement to ensure that the prescription was used as intended.

This could limit care. Under the new law, patients may end up with fewer options, not more options. D.C. residents who are not able to pay for health care out of pocket may find their options limited when facing a new diagnosis, suffering from a chronic illness, facing a disability, or struggling with mental illness. For certain medical conditions, assisted suicide could become the cheapest option.

Ultimately, whatever its intentions, D.C.'s new law puts patients at risk and could limit their access to high-quality health care. It could limit their access to cures. It prioritizes cost over compassion, cost over care. We have weighed this legislation. We have looked at it seriously, and we find it very wanting. D.C. residents deserve better.

Twenty-two years ago, my sister was diagnosed with an incurable cancer, and she had very little time to live. She was, at one point, given the option of a bone marrow transparent, and her insurance said: It is experimental. We don't cover it.

We had to fight that, and we were going to do it anyway. It is 22 years later. She survived. She is doing well. She is married and has two children, but somebody was telling her: It is not worth it.

This affects people with disabilities. This affects the poor. This attitude reminds me of a comment from the movie, ''It's a Wonderful Life'' when Mr. Potter says to George Bailey: ''George, you're worth more dead than alive.'' That is not who we are, folks.

In this bill, there is no verification or validation that the prescription was taken as intended, for the person intended, or even taken at all. There is no witness necessary, no provider to address any complications that may occur when taking the medications, no assurance that it is not misused or used on someone else, and no actual cause of death is reported.

In this, they say: ''Actions taken in accordance with this act do not constitute suicide, assisted suicide, mercy killing, or homicide.'' Oh, really? Maybe they should look up the definitions of those words. The definition of homicide is the killing of one person by another whether intended or not. The definition of suicide is the act of taking one's own life voluntarily and intentionally.

This bill is bad for the people of D.C. This is bad for America. This is not who we are. This is not who we are as a compassionate, caring group of Americans—especially caregivers, especially doctors. We can do better, and we all need to stand up against this.

Mr. ROTHFUS. Dr. WENSTRUP, I thank you for introducing this legislation and for having the courage to live the life you have lived in serving our Armed Forces overseas.

I yield to the gentleman from Georgia (Mr. JODY B. HICE) who co-chairs our Values Action Team.

Mr. JODY B. HICE of Georgia. I thank my friend and colleague for leading this Special Order and for taking the leadership on this very important issue.

Mr. Speaker, I am here to try to implore our leadership to bring H.J. Res. 27 to the floor and, hopefully, to enable us, the Members of the people's House, to strike down this deeply flawed and deceptively written Death with Dignity Act that has been passed in the District of Columbia.

This is not a bill about the elderly. It is not a bill about the sick and dying, as has been stated here. This is a bill that legalizes suicide. It actually attempts to normalize euthanasia. As you know, Mr. Speaker, this bill applies to individuals with ''a terminal disease.'' We all know that could be applied to almost anyone. We could have someone with diabetes, for example, who is able to live a perfectly normal life, in spite of the fact of having an insulin dependency, but without the insulin, it could be terminal—they would be. So this bill applies to individuals who also may have been misdiagnosed.

I appreciate Mr. ROTHFUS mentioning Jeanette Hall. What a powerful story that is—someone who actually voted for this bill in Oregon, and then a few years later comes to find out that she herself has cancer. She tries to have her doctor help her end her life. The doctor urges her to fight to have treatment. She does so, and now 16 years later, she is alive and healthy.

There is no reason for us to have this bill. If you look at the suicide rate in Oregon since that bill was passed in that State in 1997, they have 42 percent above the national average of suicide in that State.

I appreciate Dr. WENSTRUP, too. Just the flaws that he identified that this bill has are alarming. The fact that it, more than likely, will—certainly, the potential is there—lead to elder abuse. The bill has no requirement that the death certificate lists the real cause of death. It will just be required to say ''natural causes'' when, in fact, there was a lethal drug injected. The drug itself is not required to be disclosed. The bill does not require a medical professional to be present to administer the lethal drug.

Furthermore, as was alluded to a moment ago, the bill bars law enforcement and, arguably, courts from reviewing medical records at the Department of Health, effectively potentially preventing them from doing their jobs in cases where there may have been foul play.

Mr. Speaker, please know that this does not simply apply to D.C. residents but to those who reside in D.C., which would include everyone in this House.

I urge my colleagues to join in cosponsoring H.J. Res. 27. I urge our leadership to bring this to the floor for a vote. I thank the gentleman for giving me the opportunity to speak.

□ 1945

Mr. ROTHFUS. I thank Representative HICE.

Mr. Speaker, this law, the point about what is going to go on the death certificate, we have had a debate lately in our country about alternative facts, and here we have a law that says you can't say on the death certificate what the cause of death was. It's going to be poison. It's going to be some administered drug that is not supposed to be used as it was intended, as it was authorized by the FDA to be used, but for a whole other purpose—to end the life of somebody. I think that is a very serious concern. I think, again, this is at war with truth and at war with logic.

Mr. Speaker, I yield to the gentlewoman from Missouri (Mrs. HARTZLER). VICKY co-chairs our values action team with Mr. HICE.

Mrs. HARTZLER. Thank you very much, Representative ROTHFUS. I appreciate so much your leadership on this issue, as well as Dr. WENSTRUP, bringing this very, very necessary bill to the floor. Time is of the essence, and literally lives are at stake. Sometimes you hear that discussed here, well, this bill is going to impact life. This one truly does. This is a life-or-death matter with just a time limit.

The way that this works is that the Constitution gives Congress authority over the District of Columbia. While they can have their own council and they can make laws, we have ultimate oversight as elected Representatives of this country over what happens here. When they pass a bill here allowing death to occur by physician-assisted suicide, we have the opportunity and we have the obligation to step in and to say no.

As Representative ROTHFUS said, this is the people's town. This is representative of our entire country here, and this does not represent what we stand for, that if someone has an awful diagnosis that they are encouraged and enabled to be able to take their own life without any—any—oversight in this.

We have got to reject this. That is why we are here tonight.

The statistics are staggering. Suicide is the tenth leading cause of death across the spectrum of ages, and the death toll is, sadly, on the rise. Nearly 43,000 individuals took their own life in 2014. Now, that is a heart-wrenching number of people desperate and seemingly without hope and whose solution to traumatic life situations, clinical depression, or mental disorders was to take their own life.

But another, more sinister layer to this suicide crisis in America arises when agents of healing become distributors of lethal dosages. Five States now and the District of Columbia have legalized physician-assisted suicide.

The taking of human life is a criminal act in nearly every State and throughout the Federal Code; yet a few regions of the country, sadly, have embraced the tragic idea that it is better to prescribe death than to provide life-sustaining care, and they are tasking the medical profession, those sworn to provide and take care of people—they have tasked them with carrying out this ghastly deed.

So you go to your doctor on one hand when you have an illness or your child is sick and you are asking and expecting the doctor to be looking out for your best interests and to prescribe medicine to help you get better, and then the next day you are tasking that same physician—you are supposed to go back and ask them to kill your relative and prescribe death medicine? This is wrong.

But here is another sobering fact: legalizing physician-assisted suicide can lead to an increase in overall suicide rates. That was just what was shared by Representative HICE, what has exactly happened in Oregon, with an over 40 percent higher rate of suicide there than in other places. So if you are concerned about suicide prevention, you should be concerned about efforts to normalize doctors prescribing a bottle of pills intended to end a patient's life.

Physician-assisted suicide preys on the sick, the elderly, and the disabled. The frail are the most vulnerable to rising healthcare costs, elder abuse, and physician-assisted suicide. There is no accountability should a family member, friend, or medical provider determine that a particular patient is too sick, too old, or too disabled to continue living. Any doctor can write a prescription, and no witness is required.

Physician-assisted suicide shreds human dignity by legally and subjectively distinguishing between a life worth living and a life better off dead. The focus should be on improving healthcare options, palliative, and end-of-life care for terminally ill patients, not killing those suffering from sickness or disease.

So I call on my fellow Members of Congress to pass the resolution of disapproval sponsored by Dr. BRAD WENSTRUP to reject D.C.'s dangerous policy and to ensure that all Americans, including those here in the District of Columbia, are granted the basic right to life.

Mr. ROTHFUS. Mr. Speaker, I thank Representative HARTZLER for coming to the floor tonight and speaking on this bill. It is interesting that legalizing assisted suicide can lead to an increase in suicide. We spend hundreds of millions of dollars in our country on suicide prevention. It would seem that laws such as the one that the District of Columbia has passed really go against that fundamental public policy that we have in this country of saying no to suicide.

With that, it is a real privilege for me to yield to the gentleman from Maryland (Mr. HARRIS). ANDY HARRIS is another physician whom I serve with who has served in our Nation's military.

Mr. HARRIS. Mr. Speaker, I want to thank the gentleman from Pennsylvania for yielding to me.

The gentleman just brought up an interesting point. It is true that in the Netherlands, when they reviewed their experience, they found that just legalizing physician-assisted suicide actually increases the amount of nonphysician-assisted suicide. It sends the wrong message. It absolutely sends the wrong message.

I want to thank the good doctor from Ohio for introducing this bill because certainly the Nation's Capital is one where we should be very careful since the Constitution has entrusted us with approving or disapproving the laws in the Nation's Capital. It behooves Congress to take a good look at a law like this, the so-called Death with Dignity Act. Now, that is striking because most people don't associate suicide with dignity in any way, shape, or form, and for good reason. But I will get to that.

There are a lot of myths associated with the bill. First of all, assisted suicide somehow offers patients more choices. It actually doesn't. What it does is it actually sends a very strong message that regardless of the many types of disease you might have and the many types of treatment that may be available, there is one final, common pathway that the State—in this case, the District—would now say is perfectly acceptable. In fact, it is not only perfectly acceptable, it is legal to actually go to a physician and ask them to participate in your suicide. That doesn't lead to more choice; that ultimately leads to less choice.

But the use of the word ''dignity'' is striking to me because the number one group of individuals, if we would collectively look at how we would describe those individuals to whom this applies, really, are individuals with some kind of disability, perhaps with a disease or disability that, according to the law, two physicians would just have to agree, knowing how imperfect the idea to predict lifespan is, that those could result in death in 6 months. Associating that kind of problem with the ultimate outcome of death by suicide I think removes dignity. It doesn't add dignity to anyone's life.

Worse than that, what we have done now and what we have seen in terms of the functional reduction of choice is that, according to many of the new payment systems for health care in this country, you actually align the incentives of the patient's health care from top to bottom.

What do I mean by that?

Now over half the physicians in the country no longer work for themselves; they are employed by entities. Frequently, these entities share the same financial risk as the physicians in terms of their being driven to save money. That is it. There are numerous incentives to save money within the law. If you don't believe me, go back and read the Medicare rules and regulations.

In fact, it should be noted that in the Netherlands, where assisted suicide has been legal for years, the average age for women is 65 who participate; for men it is 62. That means, Mr. Speaker, almost half the individuals are Medicare patients. There are powerful incentives built into Medicare to save money—powerful incentives—accountable care organizations, for instance, where the physician who is the patient's attending physician happens to work for the same healthcare system that shares in financial incentives if money is saved.

Mr. Speaker, I would proffer—and I think any Member who is against this legislation and for the Death with Dignity Act should stipulate that, clearly, it saves money to give someone a $300 prescription for secobarbital rather than pay for expensive cancer therapy or expensive therapy that might cure a patient. That doesn't give a patient dignity. That doesn't add to their dignity. What that does is it now places the patient in the situation, if they truly understand the financial incentives in the system, to actually question whether their physician is doing the right thing for them.

In fact, the consulting physician under the Death with Dignity Act doesn't have to belong to a different financial entity. A physician working for this healthcare entity who actually saves money through the act of suicide can send the patient right across the hall to a consulting physician to agree, that consulting physician being a part of the same accountable care organization. That is wrong. But that is the situation patients will find themselves in, questioning whether their physician has a financial incentive to write that lethal prescription.

Now, the other straw man that is set up very frequently, and if you look at the Pew Research study that asks people their opinion, ''Do you think we should allow death with dignity?'' they frequently mention only one situation: a patient with terminal disease in extreme pain. But, Mr. Speaker, the data

is that only 20 percent of patients who seek physician-assisted suicide have pain as their primary reason.

Now, we are all compassionate people. Every human being has suffered pain, some human beings more than others, and it is not hard to understand how someone answering that poll question thinking of a patient with terminal illness in severe pain, knowing what pain is about, how difficult it is to treat pain unless it is done with the most modern methods, might say, yeah, maybe dying is better. But, Mr. Speaker, that is a straw man: 80 percent of patients say it is something else; 92 percent saying it is losing autonomy—losing autonomy.

Our solution to losing autonomy in a patient or being less able to engage in activities making life enjoyable, 90 percent of patients saying that, society's solution is to write a lethal prescription?

I will tell you, I am most troubled—and I will close with this. As a physician, I went into medicine to actually help people, to help people get better. That is why people go into health care. That is why my daughters became nurses. They became nurses to help people get better. God knows that is what we want to do. That is true compassion.

But now to say that if a physician, against their Hippocratic oath, shall prescribe a medication that knowingly kills a patient—and let's not mince words. That is what the Death with Dignity Act does. It says a licensed practitioner with a license to heal now has a license to kill—knowingly kill—a patient put under their care. That is a step, Mr. Speaker, I would offer that, as a society, we should take a long and hard look at before we ask our healers to, effectively, become killers.

Mr. ROTHFUS. Mr. Speaker, I thank Dr. HARRIS for taking a long, hard look at what is going to happen here in the District of Columbia if we do not bring H.J. Res. 27 to the floor to block this misguided legislation.

Dr. HARRIS talked about compassion. Certainly, we all have family members, we all have friends who have had very difficult illnesses, and we have been at bedsides when people have passed.

□ 2000

It is good to know that we have palliative care that is available to help people in pain, to make sure that they are getting everything they can without having a doctor violate his or her Hippocratic oath to do no harm.

I really thank Dr. HARRIS for his words and for reminding us how he was called to the healing arts. He has got family members engaged in the healing arts.

Mr. Speaker, I yield to the gentleman from Kansas (Mr. MARSHALL), another Representative that we are joined by this evening, a newer member from the Big One, I think it is called, also having served in the Army Reserve. He did not do his physician's work in the Army Reserve, because I don't know what the rules are with women servicemembers and giving birth, but certainly we have women servicemembers giving birth. I don't think they are overseas, although they may be in Germany and other places. I don't think they are going to be in a war zone.

Certainly, he has got plenty of experience. He has delivered over 5,000 babies. He certainly has seen his share of difficult cases with patients. It is good to have him here this evening to talk about this legislation.

Mr. MARSHALL. Mr. Speaker, I rise tonight with fellow physicians and other colleagues to speak out against the shameful act being allowed in some parts of this country: physician-assisted suicide.

When I became a physician, I took an oath in which I promised to help the sick and to abstain from all intentional wrongdoing and harm. To help intentionally take the life of a patient is morally abhorrent.

It is not only the beginning of a slippery slope that devalues the sanctity of all human life. It is not only based on a subjective set of qualifications lawyers and lobbyists agree to. It is against the very oath that my fellow physicians swear to uphold. I encourage my colleagues to fight for these same beliefs, to treat life as sacred, and, first of all, to do no harm.

Mr. ROTHFUS. Mr. Speaker, it is simple: this Congress has a responsibility. The Founders made us, this Congress—the House and the Senate—the stewards of this city, this beautiful Federal alabaster city. The Founders vested in us the exclusive legislative power over the District of Columbia.

H.J. Res. 27, which will block the so-called D.C. Death With Dignity Act, is a bill that goes to the character of this Congress, to the character of the District, to the character of this country.

Will this Congress allow this law to go into effect?

For the vulnerable, I hope not. For the physicians who are supposed to heal, I hope not.

Earlier in my remarks, I talked about how beautiful it is to look at this city from Arlington and to recollect our 35th President and the inspiring words he spoke on January 20, 1961. He ended that address with these words: ''With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love, asking His blessing and His help, but knowing that here on earth God's work must truly be our own.''

Mr. Speaker, let's lead the land we love. Let this House move ahead with H.J. Res. 27 and prevent this legislation, the D.C. Death With Dignity Act, from staining our Nation's capital.

Mr. Speaker, I yield back the balance of my time.

CHALLENGES AHEAD

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. O'ROURKE) is recognized for 60 minutes as the designee of the minority leader.

Mr. O'ROURKE. Mr. Speaker, yesterday, our country and the community that I have the honor of representing, El Paso, Texas, lost one of our best: Dr. Joseph E. Torres, who was 93 years old at the time of his death, still practicing dentistry in the community of El Paso, and somebody who left a terrific legacy for his family, for our community, for this country, and for all posterity.

Dr. Torres served in the U.S. Army Air Corps from 1942 to 1945. He first served as an infantryman, and then later as a bombardier and a navigator for the B–17 aircraft.

Dr. Torres flew 13 bombing missions over Germany, one of the most difficult missions to be assigned to anybody, over the course of World War II. He later joined and served as a lieutenant in the Army Air Corps Reserve from 1945 to 1947. He later joined the Air Force Dental Reserve, where he reached the rank of colonel.

As I said, he was a practicing dentist in El Paso, Texas. After his time in unform, he continued to serve his community and he continued to serve his El Pasoans, his fellow Texans, and his fellow Americans. He never stopped being an advocate for servicemembers, veterans, and this country.

So here today we mourn his loss.

Preceding him in death from that Greatest Generation, not too long ago, in August 2016, was Maynard L. Beamesderfer, known as ''Beamy'' to his friends and his fans. He was one of the original 350 Pathfinders, who were the first combat paratroopers to jump into Normandy, France, before the D-day invasion in 1944. He was a member of the 501st Parachute Infantry Regiment and 101st Airborne Division. Mr. Beamesderfer died at the age of 92.

The third gentleman that I want to introduce to you and who I would like to talk about today and whose story I would like to share is someone I greatly admire and who I have had the privilege of meeting several times and being able to introduce my oldest son Ulysses to. That is Retired Lieutenant Colonel Robert E. Chisolm, ''Bob,'' who is a founding member of the 82nd Airborne Division Association in El Paso. He is someone who is very much still with us, full of vigor, strength, energy, and an inspiration at a time that we so badly need him.

He is also the rarest of Americans. He is a combat veteran of World War II, he is a combat veteran of Korea, and he is a combat veteran of Vietnam. In fact, he is one of only 325 combat veterans in the history of the United States military authorized to wear the Triple Combat Infantryman Badge for combat service in three separate wars.

During World War II, he earned the Legion of Merit Award, which can only be obtained after receiving direct approval from the President of the United